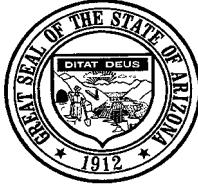


Please mail Registration to:

Registration Number _____

Secretary of State Jan Brewer/Charities Division
 1700 W. Washington, 7th Fl. Phoenix, AZ 85007
 Walk-in service: 14 N. 18th Ave. Phoenix, AZ
 Tucson office: 400 W Congress, Ste 252
 (602) 542-6187
 (800) 458-5842 (within Arizona)
 No Filing Fee Required

**RELIGIOUS ORGANIZATION REGISTRATION FORM**☐ **INITIAL REGISTRATION**☐ **RENEWAL (Annually September 1-30)**

A.R.S. 44-6552 F

Any charitable organization that is a bona fide and duly constituted religious institution and any other entity that is an integral part of a religious institution shall file the registration statement prescribed in this section but is not required to file any financial disclosure information prescribed by the secretary of state pursuant to this section if all of the following apply:

1. The religious institution or entity is a tax-exempt institution or entity pursuant to the internal revenue code.
2. No part of the religious institution's or entity's net income inures to the direct benefit of any individual.
3. The religious institution or entity only solicits monies from the institution's or entity's membership, congregation or previous donors and the institution's or entity's conduct and fees charged for services are primarily supported and paid through government grants or contracts.

Please TYPE or PRINT.

1. Name and Address Information:

Name of Organization: _____

D.B.A.: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Toll Free Telephone _____

Internet address _____

2. Describe the purpose of the charitable organization:

3. Officers and Directors: (Attach more sheets if necessary)

A: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

B: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

C: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

D: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

4. Describe below any conviction or plea of no contest to a felony or misdemeanor involving fraud, dishonesty, false statement or the receipt or the expectation of receipt of anything of pecuniary value or a violation of A.R.S. Title 44, Chapter 9, Article 6, of any employee or member of the charitable organization.

Name: _____

Date of Offense: _____

Place of Offense: _____

Nature of Offense: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

5. Duration of Solicitation Period this fiscal year:

6. Method, Locations:

Give a general description that the charitable organization, or any of its solicitors, will use to solicit contributions:

Methods: _____

Locations: _____

7. Signature and Notary

I, the undersigned, being duly sworn/affirm and say that this Religious Registration Statement is complete true and correct.

Printed Name of President
or Equivalent Officer

Signature of President
or Equivalent Officer

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public

I the undersigned being duly sworn/affirm and say that this Religious Registration Statement is complete true and correct.

Printed name of Secretary
or Equivalent Officer

Signature of Secretary
or Equivalent Officer

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public

REV 2004